PTO/SB/06 (08-03)

Approved for use through 7/31/2006, OMB 9551-0032

U.S. Patient and Trademath Office: U.S. DEPARTMENT OF CONDURING
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PATENT APPLICATION FEE DETERMINATION PEODE

Substitute for Form PTO-875								Appli	Application or Docket Number		
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* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	<u> </u>	OR	TOTAL		
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* If the entry in column 1 is loss than the entry in column 2, write "0" in column 3. "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, en						DTAL DD'L FEE		OR	TOTAL ADD'L FEE		
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The "Highest Num	ber Proviously P	aid East (T	N THIS SPACE is of all or Independent	iess than 3, ente	er 3°.				•	i	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutos to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complating the form, call 1-800-PTO-9199 and select option 2.